

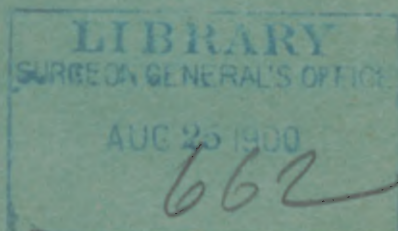
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The Treatment of Dermatitis Herpetiformis.

BY

LOUIS A. DUHRING, M.D.,

PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.



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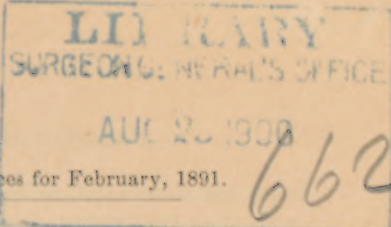
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THE TREATMENT OF DERMATITIS HERPETIFORMIS.¹

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IN the several communications on this disease that have been published by me during the past five years, no special remarks have been made concerning its treatment. The subject-matter of these papers has been largely confined to a statement of the cases observed with the view of setting forth the symptoms and the more important clinical facts, in the hope that the disease might become better known. A number of cases (perhaps ten or twelve) have been reported by me, and others have been observed in my private and public practice, so that now it seems appropriate that something be said about the treatment of this exceedingly rebellious disease. At the same time, I would state here that in many cases the remedies employed, both external and internal, seemed to exert but little or no beneficial effect. In severe cases, and especially during an exacerbation, no form of local treatment used appeared capable of making a favorable impression on the skin. In such instances the disease is the most difficult to influence of all the inflammatory affections, surpassing even inveterate eczema.

The internal treatment may first receive attention. The generally-recognized observation that the disease may arise from and be dependent upon several distinct or even diverse causes, precisely, for example, as occurs in the case of eczema, precludes positive statements as to remedies. Each group of cases, based on the etiological factors at work, requires special handling, and hence I believe no class of remedies can be recommended which would be suitable to all cases. The origin of the disease, where this is ascertainable, should ever be kept in mind, and the treatment be pursued in this direction on general principles. With a disease which in most instances is exceedingly persistent and chronic in its course, a speedy cure is not to be looked for, either from internal or local remedies.

I shall make my remarks as practical as possible and be brief. The local treatment may first be considered. It must be remembered that the disease, as a rule, is multiform in character, and that, as in the case of eczema, we have to deal with varied lesions, at one time erythema, at another vesiculation or pustulation. The several varieties of the disease, therefore, naturally call for different formulæ, certainly as to strength, and sometimes even for different remedies. Thus, my experi-

¹ Read before the American Dermatological Association, September 3, 1890.

ence has shown that milder preparations are required for the erythematous than for either the vesicular or bullous, and I would here remark that this (erythematous) variety is the most difficult of all to control by local means, while the vesicular is the most easily influenced. It is not my purpose at present to take up the treatment of the several varieties of the disease specially, but rather to ask attention to the principles of treatment applicable to the disease as a whole. From a therapeutic standpoint the affection may be considered under the headings of acute, subacute, and chronic, the two latter stages being those we are generally called upon to treat. It must be kept in mind that the disease involves in most cases the greater part of the general surface; that therefore there is a good deal of cutaneous surface requiring attention, and that the remedies must be selected and prepared to meet that end. Another difficulty that we have to contend with is that the eruption tends to repeat itself in the form of more or less frequently recurring outbreaks or crops, a new one often coming out before the old one has disappeared, the skin thus being in a peculiar state, interfering with and complicating the treatment. It is this condition and the variety of elementary and secondary lesions generally present at the same time that render the treatment so difficult. Almost all the cases that have been under my observation have been chronic, and previously had undergone all manner of treatment; in some instances at the hands of competent dermatologists. Long experience has taught me that the disease is most difficult to control, and that some of the remedies from which good results might be looked for—such, for example, as are useful in eczema—exert but little or no influence in arresting the process. The milder so-called soothing preparations, as boric acid, calamine and oxide of zinc lotions, ointments, and pastes, sometimes so useful in acute or subacute erythematous and vesicular eczema, are of no value in this disease. I have long since arrived at the conclusion that the only class of remedies from which benefit is to be expected is stimulants, especially those which act revulsively. I will first enumerate a few of the more important substances that have been employed. These are: Tar, in the form of oil, ointment, and alcoholic and alkaline tarry lotions; carbolic acid, sulphur, Fleming's solution of sulphurated lime, thymol, ichthyol, hydronaphthol, resorcin, and fluid extract of *grindelia robusta*. On account of the peculiarity of the eruption, including its multiformity, mixed acute, subacute, and chronic stages, and distressing subjective symptoms, it is difficult both for the patient and physician to estimate the value of any remedy. Such sufferers, moreover, are seldom content to remain long under the care of any one physician, hoping continually to derive benefit from frequent change of treatment. Of the remedies just referred to, the most valuable is sulphur, and in the form of ointment, about two drachms to the ounce. I was first led to employ it through the state-

ment of a patient many years ago, who had derived more benefit from it than from any other substance. He had suffered long with the vesicular variety, and had sought the advice of many physicians without obtaining even temporary relief. On one occasion, in desperation, he rubbed himself vigorously with a strong sulphur ointment, made soft by the addition of walnut oil. This afforded immediate and gratifying relief, such as no other application had ever given, and, moreover, soon caused the eruption to disappear. On subsequent occasions he had again employed it, and he regarded it as the most valued remedy known to him. The remedy and mode of application seemed to me harsh and unlikely to succeed, but a trial proved satisfactory and bore out the statement made. My experience with it leads me to regard it as especially useful in the vesicular and pustular varieties, and also in the bullous, but that in the erythematous variety it usually proves irritating. Let me here say, however, that in some cases it has failed to act favorably, and I by no means wish to lay too much stress on its value, nor to put it forth as a specific. I merely desire to state that in the vesicular variety it is the best remedy that we are acquainted with. It should be applied with friction and with sufficient force to break down the vesicles, pustules, and blebs as speedily as possible. As already intimated, the ointment should be strong, about two drachms to the ounce, and should be used in the manner indicated, with the view of making a positive impression on the skin, by causing, as it were, local shock to the nerve-endings. The rubbing should be long continued and thorough. It is useless merely to smear it on, as the object by this means is not accomplished. In suitable cases acceptable relief to the itching and burning is usually obtained after one or two applications. Remedies of this class, I believe, are the kind from which most benefit is to be looked for. They should not be too harsh nor too stimulating in their action. The strength and the amount of friction must be regulated by the effect. They should be applied as early in the attack as possible, as soon as the lesions begin to form.

In some cases tar, especially in the form of the alkaline solution known as liquor picis alkalini, is useful, especially in allaying the itching. It is, of course, to be diluted, one drachm to about eight ounces of water, according to the caustic effect produced. Another equally valuable tarry solution, and one that is safer to use, is that known as liquor carbonis detergens, an alcoholic solution of coal-tar. This also is to be similarly diluted, though sometimes it may be advantageously used strong, one drachm to from one to four ounces of water. Both of these preparations are useful in relieving itching, but I do not think that they exert much influence in arresting or modifying the progress of the eruption, and hence they can hardly be looked upon as curative. In the erythematous variety they prove of most value, because

here the friction ointments are usually not tolerated. Ichthylol I have used in varied strength, in the form of ointments and lotions, and, as in the case of tar, the latter have proved more serviceable, but the remedy is not so efficient as tar. Nor can I speak favorably of resorcin, thymol, and carbolic acid. The last-named remedy, especially, has proved less useful than one would expect, considering its well-known powers in other allied inflammatory states of the skin. Of the various remedies and combinations which have been employed on various occasions none can be specially recommended, and hence they need not be enumerated. Baths, for the most part simple and hot, have been used with some benefit in relieving the burning and itching. A patient exhibiting the erythemato-vesicular variety, recently under my care, regarded a hot bath of an hour's duration at night as grateful, but he did not seem to sleep better than when it was omitted. The same patient had, during a previous severe attack, endured a fortnight's experience with the continuous bath, which had afforded a certain amount of ease and comfort, but had not proved in any degree curative.

Concerning the internal treatment not much that is favorable can at present be said. With a disease tending to pursue an emphatically chronic course, speedy cure is hardly to be expected. This observation is borne out by experience. Several cases under my notice some years ago recovered in a short time under, for the most part, internal treatment, but I am not prepared to state that the cure was due to the remedies used. In the relapsing and obstinate form, relief is to be obtained, I believe, only from such remedies as favorably impress the nervous system. The cutaneous symptoms are such as point distinctly to the neurotic nature of the disease. The eruption, as a whole, possesses features in common with the well-known and established neurotic inflammatory diseases, such as herpes simplex, herpes zoster, herpes iris, and pemphigus. The nervous system, it may be centrally or peripherally, is undoubtedly in some manner and in a variable degree deranged, and it is to aid this important function that we must look in the choice of remedies. Among such drugs I would first speak of arsenic, which in suitable cases offers, I believe, more hope of benefit than any other remedy. By suitable cases I mean more particularly the simple, uncomplicated chronic cases, whose history and cause are obscure, and not those manifestly due to a deranged uterus and the like. At the same time, from my experience and from that of some other practitioners with whom I have been in communication on the subject, it must, on the whole, be regarded as disappointing. No reliance can be placed upon it, and sometimes it seems rather to aggravate the disease. Upon inquiry I have found that most of the patients who have been under my observation had at one time or another previously taken a course of arsenic, and without experiencing much, if any, benefit there-

from. I may add that it has often been a matter of surprise to me how little influence, for good or for bad, it possessed over the disease. While, therefore, some cases seem to have been benefited, the majority have not been so, possibly, in some instances, because the drug had not been administered in sufficiently large doses. In one case, however, very large doses of Fowler's solution (as much as forty or fifty minims a day) were tolerated, and seemed for the time being partially to control the bleb-formation, but the results, upon the whole, were not beneficial. I believe it to be well worth a trial in the vesicular and bullous varieties, and the dose should be gradually increased. From the well-known power of arsenic to relieve and to cure some cases of true pemphigus, one would naturally look for good results in suitable cases of the disease under consideration, which is, without doubt, allied to the pemphigus process. As far as our knowledge of the treatment of dermatitis herpetiformis extends to-day, no other remedy offers so much hope of benefit in suitable cases, and the results, whether beneficial or harmful, should be duly chronicled with the reports of future cases. Of the value of quinine and strychnine, there is not much to be said beyond that they do not appear to possess any special power over the disease. The same remark may be made concerning certain other general remedies that have been employed—as, for example, iron, cod-liver oil, and ergot. In several cases that are called to mind, it was thought that the hygienic influences of change of air and scene might prove beneficial by giving tone to the nervous system, but in this the results were not commensurate with the trouble incurred. But I would by no means undervalue both moral and hygienic treatment, both of which should receive full consideration, for experience with this disease shows that in most cases general physical and mental depression are conspicuous features.

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